

## APPLICATION FOR THE ESAC SAFETY AWARD

Cabinet/Department: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Contact Person: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Number of employees as of Jan. 1<sup>st</sup>: \_\_\_\_\_

Hours worked without experiencing lost time: \_\_\_\_\_

Date of last lost time incident: \_\_\_\_\_

Annual signed 300 log(s) and 300A summary attached: \_\_\_\_\_

_____	_____	_____
Submitted By	Title	Date